# Basic Scenario for the October–November CGAP Pilots

#### Draft 09/03/03

### **Milestones**

Milestone	Date
NIH Competitive submission deadline (type 1)	October 1
NIH production code delivery to the NIH Integration Test system	October 3
NIH staging database (copy of production data) set up	October 14
NIH Competitive Renewals submission deadline (type 2)	November 3
eRA complete system release including CGAP goes production	November 7

# **Optimal Path Starting October 1**

- 1. The PI submits the application on time to the Service Provider.
- 2. The Service Provider prepares the application for submission to NIH before deadline.
- 3. The Service Provider submits the ticket and meets the deadline.
- 4. NIH processes the submission against the NIH test database.
- 5. The application passes the validation criteria on the initial submission against the test database.
- 6. The application is stored and saved by the NIH and the Service Provider.
- 7. The CGAP analyst provides CSR with the basic application information needed to plan the referral.
- 8. The NIH generates the PDF report of the entire application as a draft and mails it to the Service Provider for verification.
- 9. The staging database (copy of the production data) becomes available the NIH and/or the Service Provider re-processes the application against the staging database.
- 10. When the eRA system goes production the application is re-processed to the production database.
- 11. The SO and PI log on the Commons and sign off the official submission using the Commons status screen and can obtain the official PDF file for the application.
- 12. When notified of the assignment, the PI sends the appendices in paper copy directly to the SRA.

## Application Fails the Validation on the Initial Submission

### The NIH has not downloaded the application SOAP message successfully

- 1. The NIH request the application attachment PDF files from the Service Provider.
- 2. The Service Provider sends the Attachments Files to NIH as a zip file, email or any other means, either in PDF format or any human readable format.
- 3. The NIH stores and preserves the attachment files.

# The NIH has downloaded the SOAP message successfully but the application fails validations

The NIH extracts the PDF attachments from the SOAP message and stores the attachments.

### The Service Providers and NIH Correct Problems

After the submission has been preserved by NIH, the NIH will work with the Service Providers to correct all formatting, transmission and validation issues from October 3 until November 7. As many round trips and submissions will be made against the test and staging databases as needed to fix the problems.

However, the content of the attachment files and, if possible, the attachment files themselves, should not be changed by the Service Provider after the initial submission.

If the application still fails against the staging database by October 8 for Type 1 and November 10 for Type 2, the Service Provider will provide the following information to CSR in paper copy:

- Face page
- Page 2 (description, performance sites, and key personnel)
- Specific aims

If the application still fails against the staging database by the end of October for Type 1 and November 14 for Type 2, a full paper copy will be delivered by the Service Provider.

# **Concluding Steps and Other Measures**

When the eRA system is in production, the NIH or/and the SBIRs will re-process the prevalidated applications against the production system. At that time, it is expected to have the problems resolved and the processing to completion quickly.

The PI and SO will need to sign on the Commons Status screen to validate the application and sign off. The Pi and SO may download the complete PDF image of the application if they wish and verify that the application is complete and then approve the submission. If the application is corrupted in any way, the PI and SO still have to opportunity to re-submit but not to change the content of the proposal. Once the PI and SO have approved the submission, the application can no longer be replaced electronically and all subsequent changes must be on paper with pre-approval from CSR, as in the normal process.

The Receipt and Referral branch will process the electronic applications after the sign off of the PI with the assistance of the eRA analysts.

At the time of final submission NIH will expect the PDF files (especially the project plan) to still be the same file and content as the original we received in October 1 or November 3 even though the packaging and XML portion may have changed multiple times.

The PDF file contains its own metadata that describes when the file was created and modified. That should not change no matter how many times the file is processed through the system.

Some systems may generate the PDF on the fly with each submission. In that case NIH will compare the original submission to the final and see if there are differences. CSR will make the call if the differences are substantive.

## **Contingency Milestones When Submission Fails**

Contingency Milestone	Date
Provide attachments in e-mail	October 3
	November 7
Provide face page and other basic information	October 8
	November 10
Provide full paper copy	October 31
	November 14

If the PI and Service Provider want to submit a duplicate, backup paper application, the paper application should be sent directly to **David Wright** and marked as part of the CGAP receipt and NOT submitted to the general receipt address at CSR. David Wright will deliver the applications to CSR in such a way they are not mixed in the overall stream of applications.

The NIH eRA analysts will track each and every electronic application step by step.

Each PI should give the NIH a contact phone number and email address to facilitate any problem resolution. It is expected that most problems will be resolved between the Service Provider and NIH without involving the PI or SO but a contingency contact should be reliably in place.

Backup paper copies will be sent directly to the eRA analyst monitoring the progress of the submission and then delivered to R&R.

### **Outstanding issues**

- The NIH has the capability to reprocess applications stored on the file system. Should NIH or the Service Provider re-process when going to the production database? If the Service provider uses the ticket information, then they should re-process against production.
- When does the PI know that the application has been successfully tested, officially submitted? Up to the full deployment of eRA, the PI has no access to the "test Commons." NIH analysts can mail applications validated successfully against test on a one-for-one basis to the PI if needed or the Service Provider may be the first recipient.